EARLY OUTCOMES OF A MULTISTAKEHOLDER TREATMENT ACCESS PROGRAM FOR CHRONIC LYMPHOCYTIC LEUKEMIA IN ARMENIA, ETHIOPIA, AND NEPAL

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CONTEXT

Targeted therapies have transformed outcomes for chronic lymphocytic leukemia (CLL), yet access remains limited in many low- and middle-income countries (LMICs). To address these gaps, The Max Foundation established a multistakeholder treatment access program providing no-cost zanubrutinib, a second-generation Bruton tyrosine kinase inhibitor, to eligible patients in Armenia, Ethiopia, and Nepal.

OBJECTIVE

To describe patient reach, treatment patterns, and early outcomes among enrolled patients.

DESIGN

Retrospective descriptive analysis of routinely collected program data from December 2023 to May 2026. Patient-level data were extracted from The Max Foundation's Patient Access Tracking System and analyzed descriptively.

SETTING

The program operates in partnership with Yeolyan Hematology and Oncology Center in Armenia, Black Lion Hospital in Ethiopia, and Patan Hospital in Nepal.

PATIENTS

Patients with confirmed CLL diagnosis and approved for program support were included.

CLL Patients Initiating Treatment Through the Program: December 1, 2023 to May 31, 2026

	n	%
Gender		
Male	178	58.4
Female	127	41.6
Country		
Armenia	126	41.3
Ethiopia	115	37.7
Nepal	64	21.0
Age group		
19-49	43	14.1
50-59	74	24.3
60-69	120	39.3
70+	68	22.3
Program status*		
Active in treatment	250	82.0
Closed	55	18.0
Lost to follow up	25	8.2
Passed away	18	5.9
Clinical reason	7	2.3
Administrative reason†	5	1.6
Treatment history		
Relapsed/refactory	111	36.4
Treatment naïve	194	63.6

*as of May 31, 2026
† does not meet program criteria = 4, review information not provided = 1

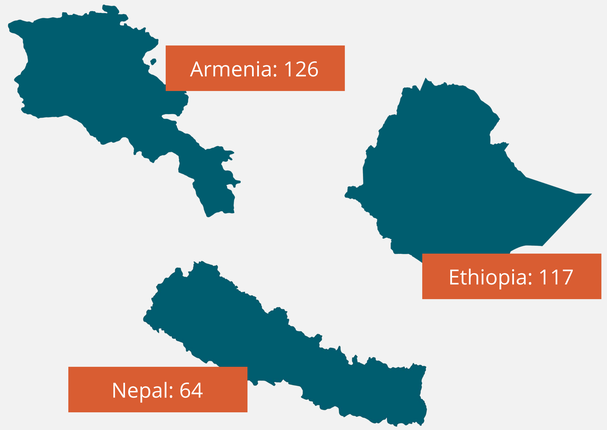
INTERVENTION

The program provided no-cost access to zanubrutinib through the Max Access Solutions model. Health system strengthening activities included institutional capacity assessment, importation and supply chain coordination, physician engagement, clinical and pharmacovigilance training, and patient monitoring. A holistic, patient-centered approach addressed treatment needs and social, practical, and emotional factors affecting patients' ability to start and remain on treatment.

MAIN OUTCOME MEASURES

Outcomes included enrollment, demographic and treatment characteristics, treatment-naïve status, status at last follow-up, time-on treatment, discontinuation, and reasons for closure where available.

Number of Patients Enrolled by Country



RESULTS

Between December 2023 and May 2026, 305 patients with CLL were enrolled across Armenia, Ethiopia, and Nepal. Among enrolled patients, 194 (63.6%) were treatment-naïve, 111 (36.4%) were relapsed/refractory. 178 (58.4%) were men, and median age at diagnosis was 63 years. At analysis, 250 (82.0%) patients remained active on treatment, with median time on treatment of 21.6 months. Treatment discontinuation was documented for 55 (18.0%) patients; reasons included loss to follow-up (28, 8.2%), death (18, 5.9%), and clinical reasons (7, 2.3%). Eligible patients remained on waiting lists, indicating demand exceeded available capacity.

CONCLUSIONS

Early experience demonstrates feasibility of delivering targeted therapy to patients with CLL in LMICs. Rapid enrollment highlights unmet need and local capacity to implement coordinated access programs. Scaling similar models could address cancer care gaps and improve equity in access to innovative therapies across LMICs.

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